

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032

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	ive on 12/08/20				mplete if Knowi		
Fees pursuant to the Consolid	Application Number		09/956,971-Co				
FEE TRA	ANSM	IITTAL	Filing Date		September 21,	2001	
	FY 200		First Named Inv	rentor	Thomas E. Slo	we	
F0I	Examiner Name		D. J. Czekaj				
Applicant claims sma	Art Unit		2613				
TOTAL AMOUNT OF PA	YMENT	(\$) 0.00	Attomey Docket	No.	37112-173581		
METHOD OF PAYME	NT (check al	I that apply)					
Check Credit	Card	Money Order No	ne Other (please ide	ntify):		
Deposit Account De	ــــــا posit Account Nu	mber: 22-0261 Deposit Acc	count Name:		Venable LLF	>	
For the above-ide	ntified depos	it account, the Director is	s hereby authorize	ed to: (che	eck all that apply)		
	s) indicated t				ndicated below, ex	cept for th	e filing fee
		e(s) or underpayment of	x Credit	any over	payments		
FEE CALCULATION	r 37 CFR 1.1	o and 1.17		-	<u>-</u>		
1. BASIC FILING, SEARC	H, AND EX	AMINATION FEES		_			
,	· · ·		ARCH FEES	EXAM	INATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150 500		200	100		
Design	200	100 100		130	65		
Plant	200	100 300		160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (inclu	•	•				50	25
Each independent claim o	-	ling Reissues)				200	100
Multiple dependent claim	S					360	180
Total Claims Extra	a Claims	Fee (\$) Fee I	P <u>aid (\$)</u>	!	Multiple Depende		
- 53 =	X	=		<u> </u>	ee (\$)	ee Paid (\$	<u>l</u>
HP = highest number of total c	•	_	Daid (ft)	_			_
	a Claims x	Fee (\$) Fee	Paid (\$)				
- 7 = HP = highest number of indepe		aid for, if greater than 3.					
	drawings exc R 1.52(e)), th	need 100 sheets of paper the application size fee do U.S.C. 41(a)(1)(G) and	ue is \$250 (\$125 f	onically for small	filed sequence or entity) for each ac	computer Iditional 50	<u> </u>
	Extra Sheets		additional 50 or fra			Fee F	Paid (\$)
			(round up to a who	ole numbe	r) × :		0-14 (0)
 OTHER FEE(S) Non-English Specifica 	ition, \$130	fee (no small entity disc	count)			rees	Paid (\$)

Other (e.g., late filing surcharge): SUBMITTED BY Registration No. (Attorney/Agent) 42,709 (202) 344-4000 Telephone Signature Jeffri A. Kaminski Date October 13, 2006 Name (Print/Type)

OFP E 420 S

									
AMENDMES TRANSMITTAL LETTER							Docket No. 37112-173581		
Application No.		Filing Date			Examiner		Art Unit		
09/956,971-Conf. #6865		September	D. J. Czekaj			2613			
pplicant(s): Slov	ve et al.								
vention: VIDEO	EDITING SYS	STEM USING F	FIXED-FRAM	E AND	CAMERA-M	OTION L	AYERS		
	TC	THE COMMI	SSIONER FO	OR PA	TENTS				
Fransmitted here					lication.				
The fee has beer	calculated an								
	Claims	CLAIM Highest	S AS AMENI	DED					
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate				
Total Claims	0	- 33 =	0	х	50.00		0.00		
Independent Claims	0	- 4 =	0	×	200.00		0.00		
Multiple Depend	lent Claims (ch	eck if applicabl	le)						
Other fee (pleas	e specify):								
							0.00		
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:				0.00		
x Large Entity					Small Entity				
x No additiona	ıl fee is require	d for this ame	ndment.						
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X Credit a	ny overpaymer	nt.							
x Charge a	any additional fil	ing or application	on processing	fees red	quired under 3	7 CFR 1.	16 and 1.17.		
Addit	1411/	1			Dated:	October :	13, 2006		
Jeffy A. Kamins						 	,		
Attorney/Agent	Reg. No.: 42,	709							
VENABLE LLP	_								
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(202) 344-4000									